CTO214772

MAIL TO: **Registry of Charitable Trusts** P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

## **ANNUAL** REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties Attorney General's Office

as ue	fined in Government Code section 12586. I. I	NO EXIGIISIONS	will be flottored.				
State Charity Registration Number: ct 0214772				MAY 1 5 2013			
		Cha	nge of address	lahm, af Objavitalist.	<b>.</b>		
MIDDLEWAY HEALTH FOUNDATION Name of Organization			Registry of Charitable Trusts  Amended report				
716 ALHAMBRA BOULEVARD Address (Number and Street)			Corporate or Organization No. 3568537  Federal Employer I.D. No. 46-3559450				
SACRAMENTO, CA 95816 City or Town, State and ZIP Code							
	ON RENEWAL FEE SCHEDULE (11 Ca Check Payable to Attorney General's			, 311, and 312)			
Gross Receipts Fee	Gross Annual Revenue	Fee	Gross Annual Re	venue	Fee	<u>-</u>	
Less than \$25,000 0 8etween \$25,000 and \$100,000 \$25	1	Between \$100,001 and \$250,000 \$50 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$10 million Greater than \$50 million			\$150 n \$225 \$300		
PART A - ACTIVITIES							
For your most recent full account Gross annual revenue \$	ing period (beginning 01/01/2 25,771. Total assets \$	017_ end	$\frac{12/31/2}{3,936}$	017_) list:			
PART B - STATEMENTS REGARDING O	PRGANIZATION DURING THE PERIOR	OF THIS RE	EPORT				
Note: If you answer "yes" to any of the "yes" response. Please review I	e questions below, you must attach a	separate pa juired.	ge providing an exp	lanation and details f	or eac	;h	
<ol> <li>During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?</li> </ol>					Yes	No X	
<ol> <li>During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?</li> </ol>						X	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?						Х	
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						Х	
<ol> <li>During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used?</li> <li>If "yes," provide an attachment listing the name, address, and telephone number of the service provider.</li> </ol>						х	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.						х	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.						х	
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.						х	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						х	
Organization's area code and telephone number	r 916-492-9007						
Organization's e-mail address							
I declare under penalty of perjury that I have is true, cogrect and complete.	examined this report, including accompany	ing document	s, and to the best of m	y knowledge and belief, t	he con	tent	
7/01/12	STEPHEN B WALKER	<u>_</u>	E0	5-11-	201	8_	
orgnaure of authorized officer	Printed Name	11	ue	Date			